



## Enrollment Form - Page 2

What specific food(s) is your cat being fed, how much, at what times of day?

Describes your cat's general health:

Check any that apply:  Healthy/Active  Obese  Dental Problems  Sick

Comments:

What other animals and/or cats are in your family?

Do you travel with your cat, board your cat, or take your cat to cat shows?

Has your cat traveled outside of Colorado? If YES, please describe when and where:

Do you have mosquitoes around your home during the summertime?

Does this cat hunt for birds/mice, etc?

Has this cat ever shown any allergies or reactions to pollens, insect, drugs, food or vaccines? (Describe)

Are there any people in your household who have a chronic illness? (Describe)

Are you aware of any genetic problems with this cat? (Describe)

Any problems or comments you'd like to make about this cat that need attention?

### AUTHORIZATION AND ACCEPTANCE OF RESPONSIBILITY:

I hereby authorize Cat Specialist, P.C. to examine, prescribe for, or treat the above described cat, on this initial visit and on all subsequent visits. I assume responsibility for all charges incurred in the care of this cat. I also agree to pay these charges, in full, at the time services are rendered, unless other arrangements are made prior to treatment. I understand that if this cat must be hospitalized at Cat Specialist and treated as an in-patient, I am expected to pay these charges at the time the cat is discharged. I understand that there may be a deposit required prior to hospitalization and treatment. In case of extensive hospitalization and ongoing treatment, I understand that I may be expected to pay my cat's charges on a weekly basis.

Signature of Owner or Responsible Party \_\_\_\_\_ Date: \_\_\_\_\_